Supervisor Training

***Working Partners* for an**
Alcohol- and Drug-Free Workplace

Drug Demand Reduction Program
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Drug-Free Workplace Policy

The Drug-Free Workplace Policy accomplishes two major things:

- **Sends a clear message that use of alcohol and drugs in the workplace is prohibited**
- **Encourages employees who have problems with alcohol and other drugs to voluntarily seek help**

Drug Demand Reduction Program Mission

- **Deter and Detect**
  - **Deter military and civilian members from using and abusing illegal and/or prescription drugs**
  - **Detect and identify those individuals who use and abuse illegal drugs and/or prescription drugs**
  - **Collect data on drug use**

- **Community outreach to dependents, retirees, school-aged children and active duty through collaboration with base agencies and local public health organizations and committees**

AF Drug Free Workplace Policy

- **The use, sale, distribution, manufacturing and possession of illegal substances and related paraphernalia is prohibited (including misuse of prescription drugs and steroids) by both Active Duty and Civilians**

- **Use drug testing to:**
  - **Deter**
  - **Permit commanders to detect drug abuse and assess the security, military fitness, readiness, good order, and discipline of their commands**
  - **As a basis to take action, adverse or otherwise, including referral for treatment, against an Active Duty member or Civilian personnel based on a positive test result**

Air Force Random Drug Testing Policy and Procedure

- **ALL Active Duty Military are subject to random drug testing**

- **ALL Civilian Testing Designated Positions (TDPs)**
  - **The job functions associated with these positions have a direct and immediate impact on public health and safety, the protection of life and property, law enforcement, or U.S. national security**

- **Active Duty and TDP Civilians are selected randomly using the Air Force Drug Testing Program and DOD Drug Testing Program Software, respectively**
  - **Individuals cannot be singled out for random testing**
  - **Individuals may be selected on back-to-back days**
  - **Rank/Status does not exempt individuals from testing**

Testing Notification

- **Commander approved trusted agents receive notification letters of individuals scheduled to test from Drug Demand Reduction Staff**

- **Individuals selected for testing must not be notified of their selection sooner than one hour prior to the scheduled starting collection time (0800) and no later than one hour prior to the scheduled end of collection time (1200)**

- **Individuals must report to the DDR office within 2 hours of receiving their notification letter. The notification letter must include:**
  - **the date and time of acknowledgement**
  - **individual's signature**
  - **trusted agent's signature**

Failure to Present for Drug Testing

- **Testing is mandatory on the day of selection <u>EXCEPT</u> for members and personnel who are:**
  - **On leave, pass, TDY, quarters, flying status, crew-rest, missile duty, or non-duty status**
  - **Shift workers or personnel who work alternative duty weeks with "weekends" during the regular duty week**
  - **Members and personnel with above exceptions will be tested the first day back to duty; civilians must present within one hour of notification when testing has been deferred.**

- **Failure to appear for testing without a deferral will be considered a refusal to participate in testing, and will subject an Active Duty member or Civilian employee to the full range of disciplinary actions.**

Military “Shy Bladder”

- **Unsupported assertions of “situational anxiety” (shy bladder) or dehydration are not considered valid reasons for an individual’s failure to provide an adequate amount of urine when sufficient time has elapsed and fluid volume has been ingested and shall be regarded as a refusal to take a test.**
- **If an individual claims to have a “shy bladder” the DDRPM must notify the individual’s unit commander who in turn must make arrangements to have the individual evaluated as soon as practical by a physician, to determine whether the inability to provide a specimen is based on valid medical reasons or constitutes a constructive refusal.**
- **The examining physician shall determine, using their best medical judgment, whether a medical condition has, or with a high degree of probability, could preclude the individual from providing an adequate amount of urine**

Military “Shy Bladder”

- **Individuals should be given reasonable time to provide a urine sample. *Reasonable time is no more than three hours*.**
- **If the member fails to provide a specimen following continued order(s) to do so, additional and escalating disciplinary action should be considered in consultation with the servicing SJA.**
- **Under NO circumstances will a *healthy* person be catheterized solely for the purpose of obtaining a urine sample.**
- **For individuals having a medically documented history of shy bladder or situational anxiety, or individuals documented to have medically verified physical abnormalities that inhibit or preclude observed collection, an unobserved sample may be collected per the procedures in AFI44-20, para 20.5**

Civilian “Shy Bladder”

- **If the donor is unable to provide a valid sample after a first attempt, the donor is given a reasonable amount of fluid to drink for up to 3 hours or until the donor has a provided a new sufficient amount of urine.**

- **If the donor refuses to drink fluids as directed or refuses to attempt to provide a urine specimen, the collection procedure is discontinued and a “refusal to test” is noted.**

- **If after a period of 3 hours the donor is still unable to provide an adequate specimen, the supervisor will be notified of a potential “shy bladder” situation.**

Military – Other Types of Testing

- **Accident or Safety Mishap - aircraft incidents/accidents must be collected by the MTF laboratory**

- **Command Directed Testing – Appropriate where the member displays aberrant, bizarre, or unlawful behavior or where the commander suspects or has reason to believe drugs may be present, but probable cause does not exist.**

- **Consent Testing – Prior to a probable cause or commander-directed urinalysis test, first ask the member if he or she will consent to a urinalysis test.**

- **Inspection Testing/Unit Sweeps - Inspections may be conducted to determine: if the command is functioning properly. Individual members may not be singled out.**

Military – Other Types of Testing

- **Probable Cause Testing – Requires search and seizure authorization from the appropriate commander**

- **Rehabilitation Urine Testing – is a form of commander-directed testing. A member in drug rehabilitation will be urine tested on a no-notice basis.**

- **Medical – A urine specimen collected as part of a patient's routine or emergency medical treatment, including routine physical examinations, may be subjected to urinalysis drug testing.**

Military Self Identification AFI44-120 & AFI44-121

- **Air Force members with substance abuse problems are encouraged to seek assistance from the unit commander, first sergeant, substance abuse counselor, or a military medical professional.**

- **Commanders will grant limited protection for Air Force members who reveal this information with the intention of entering treatment.**

- **For safety reasons, commanders may initiate non-adverse administrative actions such as removal from flying status, removal from the PRP, removal of restricted area badges, etc.**

- **Commanders may not use voluntary disclosure against a member in an action under the Uniform Code of Military Justice (UCMJ) or when weighing characterization of service in a separation.**

Military Self Identification

- **Disclosure is NOT voluntary if the member has previously been:**
  - **Apprehended for drug involvement.**
  - **Placed under investigation for drug abuse.**
  - **Ordered to give a urine sample as part of the drug-testing program in which the results are still pending or have been returned as positive.**
  - **Advised of a recommendation for administrative separation for drug abuse.**
  - **Entered treatment for drug abuse.**

AF44-121 para. 3.7.1.4.

Civilian – Other Types of Testing

- Accident or Safety Mishap
- Consent Testing
- Reasonable Suspicion Testing
- Rehabilitation (Follow-up) Testing
- Voluntary Testing
- Pre-Employment

Accident or Safety Mishap

- **If the supervisor reasonably concludes an employee's conduct may have caused or contributed to an accident or safety mishap**
  - **involving personal injury requiring emergency medical treatment**
  - **a fatality**
  - **at least $2,000 in property damage.**

- **If needed, supervisors should consult organizational medical and safety experts in determining when these thresholds have been met.**

- **When an accident or safety mishap meets any of the above criteria, a supervisor in the employee's chain of command will gather all information, facts, and circumstances leading to and supporting this determination.**

Accident or Safety Mishap

- A written memorandum will be prepared to include, at a minimum, the appropriate dates and times of the accident/mishap, and the reliable/credible sources of information, leading to the rationale to conduct the test.

- This determination will be coordinated with a higher level supervisor in the functional chain of supervision, the HRR, and an attorney from the SJA's office.

- The supervisor will notify the employee in writing of the requirement to provide a urine specimen. The notice to the employee should specify that it is a safety/mishap test.
  - A sample notification letter is provided at Attachment 7. AFI 44-107, para 1.5.3.4.1.

Civilian - Consent Testing

- **After consultation with the SJA, a supervisor may ask any civilian employee to consent to provide a urine specimen for drug testing at any time. The consent must be knowing and voluntary.**

- **An employee who consents providing a urine specimen whose specimen tests positive for an illicit drug without a legitimate medical reason is *not* exempt from disciplinary action as defined in the Safe Haven Provision (AFI 44-107, para 1.5.3.7.).**

Reasonable Suspicion Testing

- **A specific and fact based belief that an employee may have used illegal drugs, *on or off duty*, based on the following:**
  - **Direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug.**
  - **A pattern of abnormal conduct or erratic behavior.**
  - **Arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking.**
  - **Information provided either by reliable and credible sources or independently corroborated.**
  - **Newly discovered evidence that the employee has tampered with a previous drug test.**

  (AFI 144-07, para1.5.3.3. Reasonable Suspicion)

Procedure for Reasonable Suspicion Testing

- If an employee is suspected of illicit drug use or in possession of drug paraphernalia, the appropriate supervisor will gather all information, facts, and circumstances, leading to, and supporting this suspicion.

- A supervisor in the employee's chain makes the determination, after coordination with the SJA, as to whether reasonable suspicion exists in any given case.

- The supervisor will notify the employee in writing of the requirement to provide a urine specimen (under direct observation). (AFI 44-107, para 1.5.3.3.2, 1.5.3.3.3)

Civilian - Voluntary Testing

- **Employees not in TDP may volunteer for unannounced random testing by notifying CPO. CPO will then notify DDR.**

- **Volunteers will be included in the TDP pool and subject to the same random testing conditions as those in TDPs.**

- **An employee who volunteers for the random testing program will remain the TDP pool until the employee withdraws from participation by notifying CPO of such intent at least 48 hours prior to being scheduled for a random test.**

Civilian Safe Haven Provision

- **Disciplinary action for illicit drug use will *not* be initiated for any employee who meets ALL four of the following conditions:**
  - **(1) voluntarily identifies self as a user of illicit drugs *prior* to being notified of the requirement to provide a specimen for testing or being identified through other means**
  - **(2) obtains and cooperates with appropriate counseling or rehabilitation**
  - **(3) agrees to and signs a last chance or statement of agreement a**
  - **(4) and thereafter refrains from illicit drug use. This does not preclude disciplinary action for the other misconduct, i.e., possession of drugs or drug paraphernalia (AFI 44-107, para 1.28.)**

Supervisors Responsibilities

- Ensure the drug-free workplace policy is clearly communicated to all employees
- Recognize behaviors that may indicate drug or alcohol abuse
- Document observations, behaviors and symptoms
- Document concerns and observations made by other Active Duty members and employees
- Refer to and follow Air Force and DOD policies and procedures to determine the status of alleged violations
  - Reasonable suspicion: Contact Staff Judge Advocate/ and or Civilian Personnel; be prepared to provide documentation and/or witnesses to corroborate claim

Observations, Behaviors and Symptoms

- Constricted or dilated pupils
- Bloodshot eyes
- Odor of alcohol or marijuana
- Nervous
- Sleepy
- Confused
- Exaggerated Politeness
- Combative
- Excited
- Fatigued
- Uncooperative
- Poor Memory
- Fighting
- Slurred ,Slow Speech, Rambling
- Falling , Staggering, Stumbling
- Profuse Sweating
- Slow Reactions
- Crying
- Tremors
- Constantly tardy or absent from work; excessive “emergencies”
- Excessive use of sick leave
- Patterns of absences : day after payday, Monday, Friday
- Missed deadlines and excessive excuses

5-Panel Urinalysis

- **Air Force and Civilian drug tests automatically screen for THC, Opiates, Amphetamines, PCP, and Cocaine**

- **Tests are confirmation tests, not screening tests, therefore the EXACT substance is identified**
  - **Each urine sample is individually run through ***three*** separate tests, each of which MUST return a positive result to report a sample as positive to the installation of origin**

- **Special Request Testing**
  - **Steroids**
  - **Salvia Divinorum**
  - **Ecstasy, GHB, other club drugs and non-PCP hallucinogens**

Prohibited Substances

- **PER AFI44-120, para 1.1.6. , "...the knowing use of any intoxicating substance, other than the lawful use of alcohol or tobacco products, that is inhaled, injected, consumed, or introduced into the body in any manner to alter mood or function is prohibited."These substances include, but are not limited to, controlled substance analogues (e.g., designer drugs such as "spice" that are not otherwise controlled substances) .**

- **This includes illegal use of prescription drugs and improper use of over-the-counter medications**

- **This includes Salvia Divinorum and "Bath Salts"/Ivory Wave**

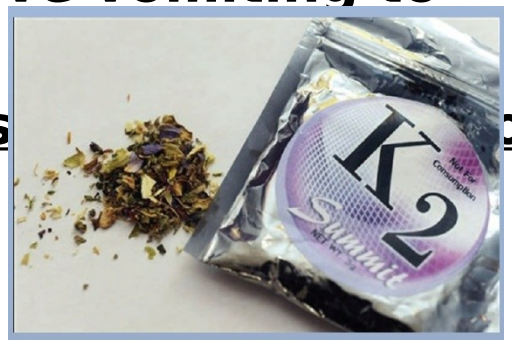
- **USE IS A VIOLATION OF ARTICLE 92, UCMJ**

Inhalants

- Not just for kids – Inhalant abuse is a multi-generational problem
- Over 1 million adults abuse inhalants each year
- “Huffing”, “Sniffing”, “Bagging” can cause
  - “Sudden Sniffing Death” – immediate death due to cardiac arrest
  - Asphyxiation - Inhalants replace the oxygen in the body
  - Suffocation – from bags used to inhale substances
  - Choking on vomit from reaction to inhalants
- Addiction is possible and prevalent
- Users are predominately white males
- Effects vary depending on the substance used, but range from alcohol like effects to stimulant effects
- Signs of inhalant abuse: paint or stains on body or clothing, spots or sores around the mouth, red or runny eyes or nose, chemical breath odor, excitability, nausea, dazed/drunk/dizzy appearance

THC-like Substances: SPICE

- **What is it? Herbs coated with marijuana like chemicals**
- **Spice is prohibited to all active duty personnel and illegal in the state of Oklahoma (civilians). (See AFI 44-120)**
- **On 24 November 2010, the DEA announced plans to emergency control the 5 major chemicals found in Spice blends**
- **The National Poison Control Center has received thousands of calls over the last year concerning Spice with effects ranging from excessive vomiting to hal**
- **As r Force has o test for**



Salvia Divinorum

- Use prohibited for Active Duty/Illegal in Oklahoma
- Resembles sage, part of the mint family
- Can be chewed, smoked, brewed as tea or vaporized for inhalation
- Hallucinations are the primary effect and last 3 to 8 hours
- Effects resemble alcohol intoxication, severe flashbacks and mental h[illegible]th long term use
- High doses m[illegible]ss

“Bath Salts”

- **“Bath salts” is a group of synthetic substances that produce effects similar to cocaine, ecstasy, and methamphetamines**
- **“Bath salts” are not actual salts used for taking a bath. The term is used to market the product legally**
- **“Bath salts” often contain MPDV Methylenedioxypyrovalerone - a psychoactive drug with stimulant properties and reportedly has four times the potency of Ritalin (ADD medicine)**
- **Although structurally related to MDMA (Ecstasy), MPDV has purely stimulant effects, such as Cocaine, and no empathogen and entactogen effects (distinctive emotional and social effects, like ecstasy)**

“Bath Salts”

- Common Names
  - Ivory Wave
  - Vanilla Sky
  - Pure Ivory, Purple Wave
  - Charge+
  - Ocean Burst, Sextacy

- Available online and in head shops
- Effects are reported to last six to eight hours,
- Overdoses and death related to use have been reported in Europe and Australia
- <u>The Air Force has the capabilities to test for “Bath Salts”</u>,
- Use of these products is PROHIBITED

Prescription Drugs

- **It shall be unlawful for any person knowingly or intentionally to possess a controlled substance unless such substance was obtained directly, or pursuant to a valid prescription or order, from a practitioner, while acting in the course of his professional practice…(TITLE 21 - FOOD AND DRUGS CHAPTER 13 - DRUG ABUSE PREVENTION AND CONTROL SUBCHAPTER I - CONTROL AND ENFORCEMENT Part D - Offenses and Penalties)**

- **<u>Opioids:</u> Most often prescribed to treat pain, high risk for addiction, overdose and respiratory depression leading to death**
- **<u>CNS Depressants</u>: Used to treat anxiety and sleep disorders, highly addictive, respiratory depression leading to death**
- **<u>Stimulants</u>: Prescribed to treat the sleep disorder narcolepsy and ADHD, these drugs are highly addictive, risk of dangerously high body temperature, seizures, and cardiovascular complications**
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Don’ts for Supervisors

- **DON’T try to diagnose the problem**
- **DON’T moralize; Limit comments to job performance and conduct issues only**
- **DON’T investigate; observe and document only**
- **DON’T act as a counselor or therapist**
- **DON’T cover up; If you protect people, it enables them to stay the same**
- **DON’T make threats that you do not intend to carry out**

Continued Supervision

How to support Active Duty members and Civilian employees upon completion of rehabilitation

- **Continuing feedback about behavior and performance**
- **Encouragement to follow through with continuing care and support groups**
- **Accurate performance appraisals and fair treatment**
- **Time to adjust to doing things differently**
- **Respect for his or her privacy**
- **Open lines of communication**
- **Corrective action if old behaviors reappear**

Contact Information

- **Drug Demand Reduction Program Manager**
  - **Donna Butte – 481-5998**

  Drug Demand Reduction Administrative Manager
  - **Katie Adkins – 481-5998**

- **ADAPT**
  - **Capt Gross, TSgt Delapaz and TSgt Gutierrez – 481-5376**

- **Legal**
  - **Capt Stuard – 481-7294**

- **Civilian Personnel Office**
  - **Jane Shank – 481-6648**

QUIZ

Please email your answers to Donna Butte and Katie Adkins at Donna.Butte@altus.af.mil and Katie.Adkins@altus.af.mil. You are required to score 100% to receive a completion certificate. We will email the certificate to you and your UTM. The quiz has 7 questions, please be sure to answer all of them.

1. T or F Individuals have two hours, from the time they receive their notification letter, to report to the Drug Demand Reduction Office.

2. Individuals may have their testing deferred for what reason?

a. flying or crew rest

b. scheduled for meetings all day

c. working irregular shifts for a month

d. shift worker with their "weekend" falling during Mon – Fri

e. a and d

Quiz

3. T or F A military member who refuses to provide a sample or sits in the DDR office for more than 3 hours will be catheterized to collect a sample.

4. T or F Civilian employees may be subject to drug testing, if a supervisor/commander has evidence to support reasonable suspicion.

5. T or F An civilian, who identifies themselves as a drug user <u>after</u> receiving a notification of selection for random urinalysis will be given the opportunity to enter treatment and not have initial disciplinary action taken against them.

Quiz

6. T or F It is legal for individual's to use a family member's prescription medications, as long as the use is reported to a PCM and supervisor

7. T or F Failure to appear for testing without a deferral will be considered a refusal to participate in testing, and will subject an Active Duty member or Civilian employee to the full range of disciplinary actions.

8. T or F Active Duty may voluntarily disclose drug use and receive limited protection <u>after</u> a random urinalysis test

9. T or F It is acceptable to notify an individual on Friday that they will have a drug test on Monday